

STATE OF TENNESSEE BUREAU OF WORKERS' COMPENSATION

220 FRENCH LANDING DRIVE NASHVILLE, TENNESSEE 37243-1002 (615)741-2395 or 1-800-332-2667 WC.EDI@TN.GOV

NOTIFICATION OF PRIMARY LIAISON AND ADJUSTERS PROCESSING OR SUPERVISING TENNESSEE WORKERS' COMPENSATION CLAIMS

This form is used to satisfy the requirement for Adjusting Entities to designate a primary liaison and provide the names and contact information of each adjuster covered by the Bureau's Claims Handling Standards (Rules 0800-2-14). In lieu of using this form, this information can be provided to the Bureau in another format if the same information is included. Information concerning adjusters must be provided to the Bureau in January and July of each year. Information concerning the primary liaison must be provided to the Bureau within 15 calendar days of any changes.

d/b/a	Adjusting Entity Name			
Liaison Direct Phone # Email	d/b/a			
Liaison Street 1 Street 2 City	Primary Liaison Name	Title		
Street 2 State ZIP Adjuster Name Email Street 1 Street 2 City State ZIP Adjuster Name Email Street 1 Street 1 Street 2 State ZIP	Liaison Direct Phone #	Email		
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Street 1	Adjuster Name			
Street 2	Adjuster Direct Phone #	Email		
Street 2	Street 1			
City				
Adjuster Direct Phone # Email Street 1 Street 2				
Street 1 Street 2	Adjuster Name			
Street 2	Adjuster Direct Phone #	Email		
Street 2	Street 1			

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